



NATIONAL REGISTRY WRITTEN EXAM PROCTOR APPROVAL REQUEST
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
SFN 58192 (1/06)

Telephone (701) 328 - 2388 / Fax (701) 328-1890



INSTRUCTIONS: Type or print clearly. Return one completed copy **4 WEEKS BEFORE THE SCHEDULED WRITTEN EXAM** to: ND Department of Health, Division of Emergency Medical Services, 600 E Boulevard Ave. Dept. 301, Bismarck, ND 58505 – 0200. Keep a copy for your records.

Location of Course (City):		Course Authorization #:	
Proctor's Name:		Email Address:	
Proctor's Mailing Address:		City:	State: Zip:
Proctor's UPS Address: (If different from above)		City:	State: Zip:
Course Coordinator:		State ID #:	
Work Telephone Number:	Home Telephone Number:	Cell Phone Number:	Fax Number:
EXAM REQUESTED			
<input type="checkbox"/> First Responder		<input type="checkbox"/> EMT-Basic	
Exam Date:		Number of Tests Required:	
To the best of my knowledge the above named proctor is currently a licensed educator. Neither the proctor named above nor any of his / her immediate family are / or have been within the last five years affiliated with the EMS system in North Dakota.			
Date:		Signature of EMS Instructor / Coordinator:	
<u>DEMS USE ONLY</u>			
Tests Sent:		Tests Returned:	